



PTO/SB/21 (09-04)

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| <b>TRANSMITTAL FORM</b><br><small>(to be used for all correspondence after initial filing)</small> | Application Number     | 10/816,099      |
|  | Filing Date            | March 31, 2004  |
|  | First Named Inventor   | Varadi et al.   |
|  | Art Unit               | 1653            |
|  | Examiner Name          | Rosanne Kosson  |
| Total Number of Pages in This Submission   | Attorney Docket Number | 20695C-008700US |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| Remarks  |   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP |          |        |
| Signature                                  |                                    |          |        |
| Printed name                               | Carol A. Fang                      |          |        |
| Date                                       | December 28, 2005                  | Reg. No. | 48,631 |

| CERTIFICATE OF TRANSMISSION/MAILING   |                  |      |                   |
|---|------------------|------|-------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                  |      |                   |
| Signature   |                  |      |                   |
| Typed or printed name   | Sylvia E. Arnold | Date | December 28, 2005 |